



Quality Enhancement Research Initiative

## Substance Abuse

### **Substance Abuse**

The economic cost of substance abuse involving alcohol and drugs in the United States is estimated to be more than \$150 billion per year, in addition to more than \$50 billion from tobacco use. Substance use disorders also are prevalent and extremely costly among VA patients. In FY00, 21 percent of all VA inpatients and 32 percent of all VA extended care patients had substance abuse or dependence diagnoses. Patients with substance use disorders received 1.20 million days of inpatient care and 1.94 million days of extended care during FY00. A total of 43 percent of inpatients with substance use disorders also had one or more psychiatric disorders. In addition, almost 324,000 VA outpatients treated in FY00 had substance abuse diagnoses. The high prevalence and cost of substance use disorders, coupled with the increasing complexity of veteran patients' disorders, point to the need for improved quality of care in this area. The Quality Enhancement Research Initiative's Substance Abuse Module (QSAM) employs the QUERI process (see back page) to improve the quality of care and health outcomes of veterans with substance use disorders.

Since its inception in 1998, QSAM's agenda has included a cost and outcomes analysis of two pharmacologic treatments for opioid dependence; a review of best practices for patients who are diagnosed with both substance abuse and post-traumatic stress disorder (PTSD); and a project to characterize mental health service episodes and link these to patient outcomes. This agenda broadened in QSAM's second year to include research projects on screening and brief intervention practices for substance abuse

in primary care, and on, site versus referral models of primary care for substance abuse patients. More recently funded projects focus on continuity in substance abuse care (best practices, outcomes, and costs); clinical practices and outcomes in VA methadone maintenance programs; and a system for monitoring substance abuse patients' outcomes and care.

### **Translating Research into Practice**

#### *Opioid Agonist Effectiveness Initiative (OpiATE)*

VA cares for over 25,000 patients who are dependent on opioids. However, the number of veterans with an opioid dependence diagnosis is almost four times greater than the number receiving methadone maintenance. Currently, there are only 33 VA facilities where methadone maintenance is available.

QSAM research shows that providing opioid-dependent individuals with methadone maintenance treatment has an incremental cost of \$5,915 per life-year gained. This is a much lower cost-effectiveness ratio than that for medical therapy for hypertension, for example, or dialysis for renal failure, which cost

\$21,700 and \$38,000, respectively, per life-year gained. Despite this, there are several barriers to increasing methadone maintenance treatment, not the least of which are the misconceptions and stigma attached to treating drug addiction with another drug. Because methadone treatment has been found to be highly cost-effective for opioid addiction, the QSAM Clinical Coordinator, Mark Willenbring, MD, is working with a translation team to enhance access to, and the quality of methadone maintenance treatment within VA. In the quality improvement component, interventions are being conducted to improve outcomes (reduced proportion of urine screens that are positive for illicit drugs and increased patient retention) by bringing about evidence-based practices with respect to methadone dosing, counseling, maintenance (versus detoxification) orientation, and contingency management techniques.

#### *Recycling Smokers Through Effective Treatment (RESET)*

Tobacco consumption is the single most preventable risk factor for disease. Because of the costly morbidity associated with tobacco use, interventions that achieve even small increments in smoking cessation rates are cost-

### **The QSAM Executive Committee:**

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The Research Coordinator is **John Finney, PhD**, and the Clinical Coordinator is **Mark Willenbring, MD**. QSAM's Executive Committee includes 15 other experts in the field of substance abuse: Paul Barnett, PhD, Brenda Booth, PhD, Katharine Bradley, MD, MPH, **Hildi Hagedorn, PhD** (Translation Coordinator), and John Kelly, PhD, Michael Kilfoyle, MD, Daniel Kivlahan, PhD, Thomas Kosten, MD, Philip Lavori, PhD, Rudolf Moos, PhD, Dennis Raisch, RPh, PhD, Manning Carrington Reid, MD, Kathleen Schutte, PhD, Richard Suchinsky, MD, and George Woody, MD.

effective. A second, recently-funded QSAM Translation Project will assess the effectiveness of strategies designed to identify and link smokers who are interested in quitting with appropriate treatments. A previous survey by investigators Melissa Partin, Ph.D. and Anne Joseph, M.D. determined that most smokers who had made an unsuccessful quit attempt using pharmacological therapy were ready to try to quit again within a year. Thus, these patients are ideal for initiatives to provide them with repeat smoking cessation treatment.

The RESET Project will use the Pharmacy Benefits Management (PBM) database to identify all veterans at participating facilities who have received pharmacological treatment for smoking cessation in the past year (nicotine replacement therapy and Zyban). These veterans will receive one of two interventions: patient phone call with a tailored provider prompt, or a standard (untailored) patient letter with a generic provider prompt. A third group of veterans will be randomly assigned to a “usual care” control condition.

### **Additional Significant QSAM Findings and Exciting Projects**

Here are a few of the exciting areas of QSAM research:

- *GAF ratings are poor predictors of substance abuse patients' outcome:* The Global Assessment of Functioning Scale (GAF) is a standard part of the American

Psychiatric Association's diagnostic system. VA policy requires the GAF to be used to help assess mental health patients' level of functioning. However, QSAM research shows that substance abuse patients' clinical diagnoses and psychiatric symptoms are stronger predictors of GAF ratings than their current levels of social and occupational functioning. QSAM is working to identify and implement a better standard measure.

- *Providers Survey:* In a nationwide survey, leaders of VA substance abuse treatment programs endorsed general agreement with practice guideline benefits and disagreement with guideline criticisms. Lack of time, knowledge, and skills were seen as major barriers to implementation of guidelines. Non-supervisory staff were perceived as neutral or opposed to guidelines, and conflict with program philosophy was not rated as a significant barrier to implementation. Modalities seen as efficacious but not well implemented, such as behavioral marital therapy and smoking cessation interventions, are fertile areas for future quality improvement.
- *Best continuity of care practices for patients with substance use disorders and PTSD:* QSAM analyses indicate that greater duration and intensity of continuing care are related to better substance use, legal and employment

outcomes. In addition, QSAM has completed an initial review of probable best substance abuse treatment practices for patients with comorbid substance abuse and PTSD.

### **Quality Enhancement Research Initiative**

QUERI currently focuses on eight conditions that are prevalent and high-risk among veteran patients: Colorectal Cancer, Chronic Heart Failure, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, and Substance Abuse.

### **The QUERI Process**

The QUERI process includes six steps:

- 1) identify high-risk/high-volume diseases or problems;
- 2) identify best practices;
- 3) define existing practice patterns and outcomes across VA and current variation from best practices;
- 4) identify and implement interventions to promote best practices;
- 5) document that best practices improve outcomes; and
- 6) document that outcomes are associated with improved health-related quality of life and systems improvements.

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**VA's Research and Development QUERI Website:** <http://www.va.gov/resdev/queri.htm>